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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

DLN: 93491191000217 OMB No 1545-0052

2016

Form 9	9	0	-	P	F
∞ ,					

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

or	caler	ndar year 2016, or tax year beginning 01-01-20)16 , ar	nd ending 12-31	-2016	
		indation IDA EAGLE FOUNDATION		' '	lentification numbe	er
				26-2505029		
	ber and BOX 2	I street (or P O $$ box number if mail is not delivered to street address) 2210 $$	Room/suite	B Telephone no	ımber (see ınstructio	ins)
		1770		(805) 741-777	<u> </u>	
		i, state or province, country, and ZIP or foreign postal code A 93438		C If exemption	application is pendir	ng, check here
G Ch	eck al		former public charity	D 1. Foreign o	rganizations, check h	ere 🕨 🔲
		☐ Final return ☐ Amended return			organizations meeting ok here and attach co	
	1 1	☐ Address change ☐ Name change		E If private fo	undation status was	terminated
_		pe of organization Section 501(c)(3) exempt private a 4947(a)(1) nonexempt charitable trust Cother taxable		under section	on 507(b)(1)(A), che	ck here
			Cash Accru	F If the found	ation is in a 60-mont	th termination
		from Part II, col (c),		under section	on 507(b)(1)(B), chec	ck here 🕨 🗀
,,,,,	, 10)	(Part I, column (d) must	be on cash basis)			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(h) Not were the set	(-) ()	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc , received (attach			+	(cash basis only)
	_	schedule)				
	2	Check ► ✓ If the foundation is not required to attach				
	3	Sch B Interest on savings and temporary cash investments	46	46	j	
	4	Dividends and interest from securities	360,550	360,550)	
	5a	Gross rents				
	b	Net rental income or (loss)				
KI 6	6a	Net gain or (loss) from sale of assets not on line 10	617,083			
Revenue	b	Gross sales price for all assets on line 6a				
Re	7	Capital gain net income (from Part IV, line 2)		617,083	3	
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b c	Less Cost of goods sold				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	977,679	977,679)	
	13	Compensation of officers, directors, trustees, etc	164,555	<u> </u>		116,710
	14	Other employee salaries and wages	,	,	-	,
S)	15	Pension plans, employee benefits				
1126	16a	Legal fees (attach schedule)				
χ	b	Accounting fees (attach schedule)	13,613	6,807	,	6,806
e F	С	Other professional fees (attach schedule)	152,152	152,152	!	C
ativ	17	Interest	00.1			
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	41,822	· ·		11,174
Ē	19	Depreciation (attach schedule) and depletion	7,644	· ·		E E25
Ad	20 21	Occupancy	6,918	1,383		5,535
n d	22	Printing and publications				
) j	23	Other expenses (attach schedule)	9,265	3,517	,	5,748
atı	24	Total operating and administrative expenses.				
<u>5</u>		Add lines 13 through 23	397,870	226,372	-	146,923
)	25	Contributions, gifts, grants paid	436,000			436,000
	26	Total expenses and disbursements. Add lines 24 and 25	833,870	226,372	,	582,923
	27	Subtract line 26 from line 12	633,870	220,372		362,323
	а	Excess of revenue over expenses and	143,809			
	b	disbursements Net investment income (if negative, enter -0-)		751,307	,	
	С	Adjusted net income(if negative, enter -0-)		,,,,,,		
or	Paper	work Reduction Act Notice, see instructions.	1	Cat No 11289	X Fo	<u> </u>

13,776,874

13,776,874

13,776,874

13,776,874

0

279,202

13,920,683

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13,776,874

13,920,683

13,920,683

Form **990-PF** (2016)

143,809

339,573

15,141,951

13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29

30

31

Part III

2

3

Liabilities

Balances

Fund

ō

Assets 27

Net

Less accumulated depreciation (attach schedule) ▶ 12,656

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe -

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ _

Other increases not included in line 2 (itemize) ▶ _____

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a WELLS FARGO			Р	2015-01-01	2016-12-31
b ABANDONED PROPERTY			Р		
С					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis	Gain o	r (loss)
Cross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) mınus (g)
a 10,28	8,958		9,664,453		624,505
b		711	8,133		-7,422
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(j)	i	(k)	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) or
1 14 0 43 01 12/31/03	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))
a					624,505
b					-7,422
С					
d					
e					
· · ·	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	' '	3	617,083
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
If section 4940(d)(2) applies, le Was the foundation liable for th If "Yes," the foundation does no	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	ble amount of any year not complete this part	· in the base period?		es 🗸 No
	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c	
2015	704,400		15,632,349		0 045060
2014	869,797		16,042,825		0 054217
2013	773,881		15,089,973		0 051284
2012	837,981		14,059,683		0 059602
2011	524,699		14,085,369		0 037251
2 Total of line 1, column (d	d)		2		0 247414
number of years the four	for the 5-year base period—divide addition has been in existence if less	than 5 years 🔒 🐍	<u>3</u>		0 049483
	ncharitable-use assets for 2016 from	•	4		14,666,924
5 Multiply line 4 by line 3			5		725,763
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		7,513
					733,276
	ons from Part XII, line 4 ,				582,923
	eater than line 7, check the box in Pa			g a 1% tax rate Se	e the Part VI

Pai	rt VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (Continued)			
5a	During the	e year did the foundation	pay c	r incur any amount to					
	(1) Carry	on propaganda, or otherw	vise a	attempt to influence legisl	ation (section 4945(e))?	☐ Yes 🗸	No		
	(2) Influe	nce the outcome of any s	pecıfı	c public election (see sec	tion 4955), or to carry	L res L	NO		
	on, di	rectly or indirectly, any vo	ter r	egistration drive?		· · 🗌 Yes 🗸	No		
	(3) Provid	de a grant to an individual	for t	ravel, study, or other sım	ılar purposes?	Yes V	No		
	(4) Provid	de a grant to an organizat	on of	ther than a charitable, etc	, organization described		NO		
	ın sec	tion 4945(d)(4)(A)? (see	nstru	ictions)		· · 🗌 Yes 🗸	No		
	(5) Provid	de for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	1c3	140		
	educa	tional purposes, or for the	pre	ention of cruelty to childi	ren or anımals?	· · 🗌 Yes 🗸	No		
b	If any ans	wer is "Yes" to 5a(1)-(5),	dıd a	any of the transactions fa	all to qualify under the ex	ceptions described in			
	Regulation	ns section 53 4945 or in a	curre	ent notice regarding disas	ter assistance (see instru	uctions)?	5b	\perp	
	Organizati	ions relying on a current r	otice	regarding disaster assist	ance check here	• 🗀			
C	If the ans	wer is "Yes" to question 5	a(4),	does the foundation clair	n exemption from the				
		se it maintained expenditi		•		· ·	No		
	If "Yes," a	ttach the statement requi	red b	y Regulations section 53	4945-5(d)				
6 a		undation, during the year							
		I benefit contract?					No		
b		undation, during the year	, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?	6 b	+	No
	If "Yes" to	6b, file Form 8870							
7a		ne during the tax year, wa				∟ Yes 💌	No		
<u> </u>	If yes, dıd	the foundation receive ar		•			7b		
Pai	rt VIII	Information About (and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	inagers, Highly Paid Er	nployee	5,	
1	List all of	ficers, directors, truste	es, f	oundation managers ar	nd their compensation	(see instructions).			
				Title, and average	(c) Compensation (If	(d)	_		
	(a) Na	ame and address		hours per week	not paid, enter	Contributions to employee benefit plans and deferred		ense acco er allowai	
			(b) devoted to position	-0-)	compensation	(0, 00	21 anorra	
SONY	A SCHROEDE	R		DIR/TTEE	125,000	3,489			0
	OX 2210	00	30 0	0					
	OC, CA 9343 SCHROEDER		TDII	STEE	31.050	0	,——		
	X 2210	•	5 00	DIEE	31,950	U			0
	OC, CA 9343	38							
MEGA	N MELERO			STEE	7,605	0			0
	OX 2210	00	5 00						
	OC, CA 9343		id er	nnlovees (other than t	hose included on line 1	L—see instructions). If no	ne enter	"NONE	11
<u> </u>	Compens	ution of five ingliest pu	iu ci		liose included on line 2	Contributions to	ic, circi	HONE	
N =	me and add	(a) dress of each employee pa	aid	Title, and average hours per week	(c) Compensation	employee benefit	Expe	nse acco	unt,
INC		ore than \$50,000	aiu	(b) devoted to position		plans and deferred	(e) othe	r allowan	ices
NON		· ·				(d) compensation			
NON	<u> </u>			-					
				-					
				-					
				-					
				-					
Tota	I number of	f other employees paid ov	er \$5	0,000					0

Page **6**

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3b

4

5

582,923

582.923

582.923

Form 990-PF (2016)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

1

2

3

4

5

XII, line 4 ▶ \$

indicated below:

Page 9

718.320

479.528

238,792

Form **990-PF** (2016)

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions).
 c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . .
 b Excess from 2013. . . .
 c Excess from 2014. . . .
 d Excess from 2015. . . .
 e Excess from 2016. . . .

Subtract lines 7 and 8 from line 6a

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

		0

0

(a)

Corpus

(b)

Years prior to 2015

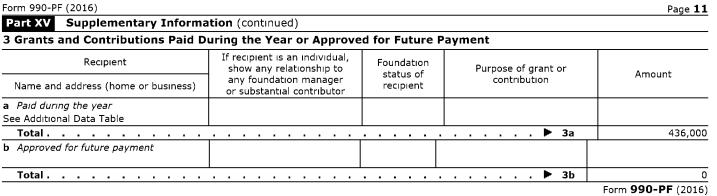
(c)

2015

103,395

103,395

	m 990-PF (2016)					Page 10
	art XIV Private Operating Found	•		'''''''''''''''''''''''''''''''''''''		
la	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizat	·	-	scribed in section	4942(1)(3) or [4942(₁)(5)
	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		1
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for each year listed	(4) 2010	(2) 2020	(0, 202)	(4) 2020	
b	85% of line 2a					
	Qualifying distributions from Part XII,					
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt					
	activities					
е	Qualifying distributions made directly for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
_	alternative test relied upon "Assets" alternative test—enter					
a	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section $4942(j)(3)(B)(i)$					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support			+		
	from an exempt organization					
	(4) Gross investment income			<u> </u>		<u> </u>
Pa	rt XV Supplementary Information assets at any time during th			organization na	a \$5,000 or mor	e in
1	Information Regarding Foundation Man		i decions.			
а	List any managers of the foundation who have					on
ь	before the close of any tax year (but only if List any managers of the foundation who ow					
	ownership of a partnership or other entity)				5 1	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pr	ograms:		
	Check here ▶ ☐ If the foundation only make					
	unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a		ants, etc (see instri	uctions) to individual	s or organizations u	nder
а	The name, address, and telephone number	or e-mail address of	the person to whon	n applications should	be addressed	
	SONYA SCHROEDER PO BOX 2210					
	LOMPOC, CA 93438					
	(805) 741-7770					
b	The form in which applications should be su			•		
	COMPLETE APPLICATION, AVAILABLE ON W	EBSITE, AND ALL RE	QUIRED ATTACHME	ENTS		
С	Any submission deadlines					
	JULY 31ST		1	6 11 1 1 5	,	
d	Any restrictions or limitations on awards, su factors	ch as by geographic	al areas, charitable	fields, kinds of instit	utions, or other	
	THE PURPOSE AND ACTIVITIES OF THE FOL	INDATION ARE TO S	EEK OUT AND PROV	/IDE FUNDING TO C	HARITABLE AND GO	VERNMENTAL
	ORGANIZATIONS THAT PROVIDE SERVICES	TO ENCOURAGE AN	ID STRENGTHEN TH	IE FAMILY UNIT AS V	VELL AS PROVIDE CA	ARE AND
	PROTECTION FOR DOMESTIC ANIMALS AND FOUNDATION INCLUDE BUT ARE NOT LIMIT					
	CHARACTER DEVELOPMENT AND SELF RELI					
	ORGANIZATIONS THAT PROVIDE FOR THE F	PROTECTION OF ANI	MALS IN THEIR COI	MMUNITY CONSIDE	RATION IS GIVEN TO	O ORGANIZATIONS
	PRIMARILY IN SANTA BARBARA COUNTY WI FOLLOWING CHARITABLE PURPOSES EDUC					
	HEALTH CARE SERVICES, CRITICAL NEEDS					



a b c d		Officiated bas	iness income	Excluded by section	512, 513, or 514	(e) Related or exem
b c d	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
c						
d						
	contracts from government agencies					
	ip dues and assessments					
	on savings and temporary cash			14	46	
	and interest from securities.			14	360,550	
Net rental	income or (loss) from real estate					
	anced property					
	-financed property					
	al income or (loss) from personal property					
	estment income.					
	loss) from sales of assets other than			18	617,083	
	e or (loss) from special events				55,7555	
	fit or (loss) from sales of inventory					
Other reve	enue a					
			0		977,679	
Total. Add	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e)			13	3,,,0,5	977,67
rt XVI-B	Relationship of Activities to th	e Accomplishn				
me No.	Explain below how each activity for which the accomplishment of the foundation's ex instructions)					

Page **13**

Part	XVII	Information Re Exempt Organia		ransf	ers To a	and Transacti	ions	s and I	Relatio	nships With No	ncharit	able		
		ganization directly or in Code (other than sectio									ion 501		Yes	No
a Tra	nsfers	from the reporting foun	dation to a no	oncha	rıtable ex	empt organizatio	n of	f						
(1)	Cash											1a(1)		No
(2)	Othe	rassets										1a(2)		No
b Oth	er trar	nsactions												
		s of assets to a nonchar		_								1b(1)		No
(2)	Purcl	hases of assets from a n	oncharitable	exem	pt organız	zation						1b(2)		No
(3)	Rent	al of facilities, equipmer	nt, or other as	ssets.								1b(3)		No
		bursement arrangemen					٠					1b(4)		No
` '		s or loan guarantees.									•	1b(5)		No
		rmance of services or m			_						•	1b(6)		No
	-	f facilities, equipment, n			•							1c		No
of t	he goo	wer to any of the above ods, other assets, or ser nsaction or sharing arra	vices given by ngement, sho	y the ow in	reporting column (c	foundation If th i) the value of th	e fo	undation oods, ot	n receive ther asset	d less than fair mai ts, or services rece	rket valu Ived	e		
(a) Line	e No	(b) Amount involved	(c) Name of	noncha	iritable exe	mpt organization		(d) Desc	cription of	transfers, transactions	s, and shar	ing arra	ngemen	ts
	-+													
										<u> </u>				
		ndation directly or indire	•			•					Г	٦٧	☑ N	_
		in section 501(c) of the		tnan :	section 50)1(c)(3)) or in se	ectio	n 52/4.	• •		∟	ا Yes	I ▼ I N	0
D IT	Yes, c	omplete the following so (a) Name of organization		ı	(1	b) Type of organiza	ation		I	(c) Description	n of relatio	inshin		
		(a) Hame or organization	,,,,			by Type of Organiza	1011			(C) Bescription	ii oi relatio	ПЭПР		
									<u> </u>					
	11	or populties of	I dooless the t	- T L	/o. o.::	and the nation	مجاب	dın =	L	na achadula	+-+	د	+0 +b -	ho-+
Sign	of n	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co							than taxpayer) is b	ased on	all ınfor	mation	n of
Here		*****				2017-06-26		_ _*	****		May the IF with the p			
		Signature of officer or to	rustee			Date		Tı	tle		(see instr) ² 🗹 Y	es 🗆 N	lo
		Print/Type preparer's CATHERINE MACAI		Prepa	arer's Sıgr	nature		Date		Check if self- employed ▶ □	PTIN	P00178	3796	
Paid														
Prep Use		THILL DIGITIC P DANIE	ITZ BROOKS	NIGH	TINGALE				<u> </u>		Firm's El	IN ►77	-00766	47
-	- •		0 EAST CARR	RILLO	STREET S	UITE 303								
	Firm's address ► 200 EAST CARRILLO STREET SUITE 303 SANTA BARBARA, CA 93101								Phone no (805) 963-1837			1837		

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALZHEIMER'S ASSOCIATION 1528 CHAPALA STREET SANTA BARBARA, CA 93101	NONE	PC	ELDERLY SUPPORT SERVICES	10,000
AMERICAN DREAM FOUNDATION 2955 CHANDLER DRIVE LOMPOC, CA 93436	NONE	PC	YOUTH SUPPORT SERVICES	15,000
ANIMAL SHELTER ASSISTANCE PROGRAM 5473 OVERPASS ROAD SANTA BARBARA, CA 93111	NONE	PC	ANIMAL WELFARE	6,000
CALM 1236 CHAPALA STREET SANTA BARBARA, CA 93101	NONE	PC	FAMILY SUPPORT SERVICES	20,000
CARE 4 PAWS PO BOX 60524 SANTA BARBARA, CA 93160	NONE	PC	ANIMAL WELFARE	10,000
CARRILLO COUNSELING SERVICES 324 E CARRILLO STREET C SANTA BARBARA, CA 93101	NONE	PC	COMMUNITY SUPPORT SERVICES	7,000
CASA 118 EAST FIGUEROA STREET SANTA BARBARA, CA 93101	NONE	PC	YOUTH SUPPORT SERVICES	25,000
CASA PACIFICA 115 S LA CUMBRE LANE 200 SANTA BARBARA, CA 93105	NONE	PC	YOUTH SUPPORT SERVICES	5,000
CUYAMA VALLEY FAMILY RESOURCE CENTER 4689 HIGHWAY 166 UNIT B NEW CUYAMA, CA 93254	NONE	PC	FAMILY SUPPORT SERVICES	15,000
DAWG 5480 OVERPASS ROAD SANTA BARBARA, CA 93111	NONE	PC	ANIMAL WELFARE	10,000
DOMESTIC VIOLENCE SOLUTIONS PO BOX 1530 SANTA BARBARA, CA 93102	NONE	PC	FAMILY SUPPORT SERVICES	30,000
DOS PUEBLOS ENGINEERING ACADEMY FOUNDATION PO BOX 313 GOLETA, CA 93116	NONE	PC	EDUCATION	5,000
FAMILY SERVICE AGENCY 123 W GUTIERREZ STREET SANTA BARBARA, CA 93101	NONE	PC	FAMILY SUPPORT SERVICES	40,000
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	NONE	PC	FAMILY SUPPORT SERVICES	10,000
FRIENDS OF WALLER PARK 123 E ANAPAMU STREET SANTA BARBARA, CA 93101	NONE	PC	COMMUNITY SUPPORT SERVICES	10,000
Total				436,000

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
GOLETA VALLEY LITTLE LEAGUE 4540 HOLLISTER AVENUE SANTA BARBARA, CA 93110	NONE	PC	YOUTH SPORTS	5,000
MCCALL DONNELLY EDUCATION FOUNDATION PO BOX 3048 MCCALL, ID 83638	NONE	PC	EDUCATION	10,000
NEW HOUSE SANTA BARBARA 227 W HALEY STREET SANTA BARBARA, CA 93101	NONE	PC	RECOVERY SUPPORT SERVICES	5,000
PLAY FOR PINK 60 EAST 56TH STREET 8TH FLOOR NEW YORK, NY 10022	NONE	PC	HEALTH	500
RAPE CRISIS CENTER 433 E CANON PERDIDO STREET SANTA BARBARA, CA 93101	NONE	PC	FAMILY SUPPORT SERVICES	20,000
RETURN TO FREEDOM PO BOX 926 LOMPOC, CA 93438	NONE	PC	ANIMAL WELFARE	5,000
SANTA BARBARA PARTNERS IN EDUCATION 3970 LA COLINA ROAD SUITE 9 SANTA BARBARA, CA 93110	NONE	PC	EDUCATION	12,000
SANTA MARIA BREAKFAST ROTARY 801 S BROADWAY SANTA MARIA, CA 93454	NONE	PC	COMMUNITY SUPPORT SERVICES	13,000
SANTA MARIA DISCOVERY MUSEUM 702 S MCCLELLAND STREET SANTA MARIA, CA 93454	NONE	PC	EDUCATION	5,000
SANTA MARIA HUMANE SOCIETY 1687 W STOWELL ROAD SANTA MARIA, CA 93458	NONE	PC	ANIMAL WELFARE	25,000
SANTA YNEZ PEOPLE HELPING PEOPLE 545 NORTH ALISAL ROAD STE 202 SOLVANG, CA 93463	NONE	PC	COMMUNITY SUPPORT SERVICES	20,000
SCHOLARSHIP FOUNDATION OF SANTA BARBARA PO BOX 3620 SANTA BARBARA, CA 93130	NONE	PC	EDUCATION	15,000
TEDDY BEAR CANCER FOUNDATION 2320 BATH STREET SANTA BARBARA, CA 93105	NONE	PC	YOUTH SUPPORT SERVICES	35,000
TEHACHAPI MOUNTAIN RODEO ASSOCIATION PO BOX 63 TECHACHAPI, CA 93581	NONE	PC	YOUTH SPORTS	2,500
SANTA YNEZ THERAPUTIC RIDING 195 N REFUGIO ROAD SANTA YNEZ, CA 93460	NONE	PC	YOUTH SUPPORT SERVICES	5,000
Total				436,000

3a

Form 990PF Part XV Line 3 - Grant	is and Contributions Paid	During the	rear or Approved for Future P	'ayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
TRANSITIONS-MENTAL HEALTH ASSOCIATION 784 HIGH STREET SAN LUIS OBISPO, CA 93401	NONE	PC	COMMUNITY SUPPORT SERVICES	10,000
BOY'S & GIRLS CLUB OF SANTA MARIA 901 NORTH RAILROAD AVENUE SANTA MARIA, CA 93458	NONE	PC	YOUTH SUPPORT SERVICES	10,000
VALLEY HAVEN 1825 ALAMO PINTADO ROAD SOLVANG, CA 93463	NONE	PC	ELDERLY SUPPORT SERVICES	15,000
VENTURA COUNTY ANIMAL SERVICES 600 AVIATION DRIVE CAMARILLO, CA 93010	NONE	PC	ANIMAL WELFARE	5,000

Total

3a

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TY 2016 Accounting Fees Schedule							
_							
	Name: ROY AND EIN: 26-2505	D IDA EAGLE FOUND 029	DATION				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	13,613	6,807		6,806			

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.	
TY 2016 Depreciation Schedule	
Name: ROY AND IDA EAGLE FOUNDATION	

DLN: 93491191000217

ame:	ROY	AND	IDA	EAGLE	FOUNDATION	
ame:	ROY	AND	IDA	EAGLE	FOUNDATION	

3,623 SL

ETN: 26 2505020

289,875

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2015-07-14

BUILDING

		EIN: Z	6-2505029						
Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER EQUIPMENT	2012-07-01	1,983	1,389	SL	5 000000000000	397	0		
OFFICE REMODEL	2012-07-01	8,133	711	SL	40 000000000000	0	0		

40 0000000000000

7,247

DLN: 93491191000217

Name: ROY AND IDA EAGLE FOUNDATION

EIN: 26-2505029

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

General E	xplanation Attac	hment	
Identifier	Return Reference	Explanation	
1	COMPENSATION TO DISQUALIFIED PERSON	FORM 990PF, PART VII-B 1A (4)	THE FOUNDATION UTILIZES THE SERVICES OF SONYA SCHROEDER, MARK SCHROEDER AND MEGAN MELERO FOR ADMINISTRATIVE AND FIDUCIARY DUTIES, MS SCHROEDER IS THE EXECUTIVE DIRECTOR AND TRUSTEE OF THE FOUNDATION, MR SCHROEDER IS THE ASSISTANT EXECUTIVE DIRECTOR AND TRUSTEE OF THE FOUNDATION, MS MELERO IS TRUSTEE OF THE FOUNDATION FOR THESE SERVICES THE FOUNDATION PAYS USUAL AND CUSTOMARY FEES

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TY 2016 Investments Corporat	e Bonds Sche	dule

2,196,680

2,246,151

Name: ROY AND IDA EAGLE FOUNDATION

EIN: 26-2505029

WELLS FARGO #XX73

Name of Bond	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO #XX88	2,281,464	2,198,002

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TY 2016 Investments Corporate Stock Schedule						

Name: ROY AND IDA EAGLE FOUNDATION

EIN: 26-2505029		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
WELLS FARGO #XX34	649,661	713,697
WELLS FARGO #XX27	424,899	508,918
WELLS FARGO #XX32	661,263	688,770
WELLS FARGO #XX56	1,077,339	1,219,760
WELLS FARGO #XX62	1,256,504	1,387,096
WELLS FARGO #XX68	1,085,235	1,350,888
WELLS FARGO #XX77	830,153	943,946
WELLS FARGO #XX81	1,060,121	1,410,585
WELLS FARGO #XX82	1,045,094	979,560
WELLS FARGO #XX50	517,085	697,964

TY 2016 Land, Etc. Schedule		

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COMPUTER EQUIPMENT

BUILDING

VI TOIN		

197

279,005

DLN: 93491191000217

	act / Other	Assumulated	D.
EIN:	26-2505029		

End of Year Fair Category / Item **Book Value** Cost / Other Accumulated Depreciation Market Value Basis

1,786

10,870

1,983

289,875

As Filed Data -

Name: ROY AND IDA FAGIF FOUNDATION

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TY 2016 Other Expenses Schedule							
Name:	ROY AND IDA E	AGLE FOUNDATION	NC				
EIN:	26-2505029						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
OFFICE EXPENSE	4,382	2,191		2,191			
PROPERTY INSURANCE	1,394	279		1,115			

1,047

2,442

HEALTH INSURANCE

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TY 2016 Other Professional Fees Schedule						
1 1 2010 Other 1 Totessional 1 ces seneaale						
Name: ROY AND IDA EAGLE FOUNDATION						
EIN: 26-2505029						
Category	Amount	Net Investment	Adjusted Net	Disbursements		
	Amount	Income	Income	for Charitable		
		211001110	211001110	i or oriantable		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursemer for Charitab Purposes
WELLS FARGO INVESTMENT MGMT FEES	152,152	152,152		

As Filed Data	-	DLI	N: 93491191000217			
TY 2016 Taxes Schedule						
: ROY AND ID	A EAGLE FOUNDA	TION				
EIN: 26-2505029						
Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
8,457	8,457		0			
18,500	0		0			
160	0		160			
6,444	1,289		5,155			
	ROY AND ID 26-2505029 Amount 8,457 18,500 160	ROY AND IDA EAGLE FOUNDA 26-2505029 Amount Net Investment Income 8,457 8,457 18,500 0 160 0	2: ROY AND IDA EAGLE FOUNDATION 2: 26-2505029 Amount Net Investment Income Adjusted Net Income 8,457			

5,859

8,261

PAYROLL TAXES